P/800023585

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COVER LETTER

TO: Amendment Section Division of Corporations

	TONBO IMAGIN	GINC	
NAME OF CORPORA	P18000023585		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ŀ	EGLIANA GOMEZ		
- \	VD BUSINESS CONSULT.	Name of Contact Person	1
-	555 BONAVENTURE BLA	Firm/ Company D	
-	VESTON, FL33326	Address	
_		City/ State and Zip Code	2
EGL12	NA.GOMEZ@GMAIL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
EGLIANA GOMEZ		954 at (4532295
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations 30x 6327 uassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building Necutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

TONBO IMAGING INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000023585	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F_0 its Articles of Incorporation:	Corida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	18 TALL SELECTION OF THE PROPERTY OF THE PROPE
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office addresses	riic I
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address: (0	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent.	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Simulation (Aller De	oistered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John D	nę	
X Remove	<u>∨</u>	<u>Mike Jo</u>	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
X 1) Change	CEO		PATEL, JAGRUT V	1402 VERACRUZ I.N
Add	•	_		WESTON, FL33327
Remove				
2) Chang	VP		SUMFET SURI	15507-79th PL
2) Change Add		_		New Castle, WA 98059
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove		,		
6)Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				

tach additional sheets, if necessary).). (Be specific)
	/
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	- /
	/
	
in amendment provides for an excl	change, reclassification, or cancellation of issued shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij not appucame, maicate NA)	
	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>If applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this data partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	L
	roved by the shareholders through voting groups The following statemer each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	31	
	(voting group)	
action was not required.	nted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	
	K. Min	
Signature		
selected	rector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, trustee, or other court at fiduciary by that faduciary)	
1	LAKSHMIKUMAR, ARVIND	
-	(Typed or printed name of person signing)	
(CEO	
-	(Title of person signing)	

1 -. .